

Participant Consent Form

I have read the information booklet about the Rocky Mountain Cancer Genetics Coalition.

I know:

- What the national network and the local network are.
- Why I am being asked to be in the local network.
- What I will have to do when I am in the local network.
- The benefits and risks of being in the local network.
- Who I can call if I have questions about the local network.

Rocky Mountain Cancer Genetics Coalition Rights: By signing this consent form, I agree to give the local network permission to use the information I provide. I understand that the local and national network may use this information for an unlimited period of time.

Yes, I agree to participate.

I have read the information booklet and this consent form and have had the opportunity to call to ask questions, and I agree to participate in the Rocky Mountain Cancer Genetics Coalition. My signature below acknowledges my voluntary participation in this research program. I will keep a copy of this signed and dated consent form.

Signature of Participant

Printed Name

Date

Signature of Witness

Printed Name

Date

No, I do not agree to participate.

I have read the information about this project and do not wish to participate.

Signature

Printed Name

Date

Please detach and return the white copy, keep the yellow copy.